

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1934 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Dours

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Ma

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 501 Grand alley

Cause of Death, { First (Primary), Second (Immediate), } Entero Colitis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Aug 2^d 1887

{ Undertaker, Wm J Gray } Nos. J. W. Wane M. D.

{ Place of Business, 210 N. — } Address, 665 St Paul Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1931 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William James

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Months, 17 Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 503 N. Eden St

Cause of Death, { First (Primary), Second (Immediate), } Dentition
Congestion of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Leamans Cemetery

Date of Burial, August 3

Undertaker, Chas J Butler J. H. Gropf M. D.
Medical Attendant.

Place of Business, 510 N. Caroline St Address, 1437 N. Eads

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. **A 1932** Office of Registrar of Vital Statistics.

Ward **3rd**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **August 2nd. 3 A.M. 1887**
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Catharine Schaub**
 Sex, Male or Female, { Cross out the word not required in this line. } **Female**
 Age, **83** Years, _____ Months, _____ Days.
 Color, **White**
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Widow** ✓
 Occupation, **XXX**
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany 58 years.**
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give Street and Number. } **S. E. Cor. Caroline & Fough**
 Cause of Death, { First (Primary), **Apoplexy** }
 { Second (Immediate), _____ }
 Duration of Last Sickness, **Since Saturday July 30th**
 All the above information should be furnished by the Physician.
 Place of Burial, **Baltimore**
 Date of Burial, **Aug 4**
 Undertaker, **W. D. Dippel** **James E. Dannelley M. D.** Medical Attendant.
 Place of Business, **158 S. Bond** Address, **1701 E. Baltimore St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1933 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, August 2nd. 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kellen P. Eberwein
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 24 Years, _____ Months, _____ Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation, XXX
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, Life times
 Place of Death, { Give Street and Number. } 833 A Wolf Street
 Cause of Death, { First (Primary), Typhoid Fever }
 { Second (Immediate), _____ }
 Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel
 Date of Burial, Aug 5/87
 Undertaker, Wm S. Kraus
 Medical Attendant, James C. Drinnelle M. D.
 Place of Business, 301 W Broadway Address, 1701 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1934 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21, 1887
Full Name of Deceased, Hanna Hastler
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Female or Male, Hannah
{ Cross out the word not required in this line. }
Age, 62 Years, Months, Days.
Color, white

Married, Single, Widow or Widower,
{ Cross out the words not required in this line. }
Occupation, house
German
Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 45 yrs
Place of Death, 507 Spring St.
{ Give Street and Number. }
Cause of Death, Carcinoma of liver
Exhaustion
{ First (Primary), Second (Immediate), }
Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel
Date of Burial, Aug 2nd 1887
Undertaker, H. Sander & Son } G. C. Funk M. D.
Medical Attendant.
Place of Business, 1710 Canton Ave Address, 2000 S. Dack St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

A 1935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Wallace

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

43

Years,

3

Months,

22

Days.

Color,

white

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

whole life

Place of Death,

{ Give street and number. }

Bank St
Heart disease
Convulsions

2222

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

24 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Methodist E. corner

Date of Burial,

Aug 2nd 1887

Undertaker,

W. Pander & son

Place of Business,

1710 Canton Ave

Address

414 S. Park Ave

W. R. Way

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No.

936

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

August 1st 1887,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Engler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

45

Years,

Months,

Days,

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

married

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Carroll Co. Md.

Duration of Residence in the City of Baltimore,

5 1/2 yrs.

Place of Death,

{ Give Street and Number. }

1345 N. Calhoun

Cause of Death,

{ First (Primary),

Second (Immediate),

Shoradic Dysentery
Exhaustion

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial,

Glenden Carroll County Md.

Date of Burial, Aug 3.

{ Undertaker,

Walter Linnell

W. Richter

M. D.

Medical Attendant.

{ Place of Business,

394 N. Bidder

Address,

Leuca Ave & Robert Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

4790

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1937 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life time

Duration of Residence in the City of Baltimore, 612

Place of Death, { Give Street and Number. } 2826

Cause of Death, { First (Primary), Second (Immediate), } Intestinal Inflammation
Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, Aug 2nd 87

Undertaker, G. L. Thomas E. J. W. Lewis M. D.

Medical Attendant.

Place of Business, 308 4th W. B. St. Address, 2826

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1938 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2^d, 1887

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Kizar Buckley

Sex, Male or Female, ^{Cross out the word not required in this line.} Female

Age, 40 Years, — Months, — Days

Color, Black

Married, Single, Widow or Widower, ^{Cross out the words not required in this line.} Married

Occupation, House work

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Dorchester County

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, ^{Give Street and Number.} 528 Madeline alley

Cause of Death, ^{First (Primary), Second (Immediate),} Enteritis
Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laud Cemetery

Date of Burial, Aug 3rd 1887

Undertaker, H. A. Dungee John. U. Pickel M. D.

Medical Attendant.

Place of Business, 157 East St Address, 1312 Chew St

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1939 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matilda Brapton Infant

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

2

Months,

Days,

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

263 Chesnut St

Cause of Death, { First (Primary), Second (Immediate), }

Infection

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Aug 2nd 1887

Undertaker, H. H. Dungee

Place of Business, 750 East St

Address, Burgess & Co

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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J. V. Fitzpatrick Sanitary Inspector

[OVER.]